



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive at Pasteur Medical Centers. The information we collect is called Protected Health Information (“PHI”). We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose your PHI. It also describes your rights and certain obligations we have regarding the use and disclosure of your PHI. When we use or disclose your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

EFFECTIVE DATE OF THIS NOTICE

The effective date of this Notice is February 18, 2021. We must follow the privacy practices described in this notice while it is in effect. We may change the terms of this Notice at any time. A revised Notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We may tell you about any changes to our notice through a newsletter, member portal, website, or a letter. You have the right to get a new copy of this Notice at any time, even if you agreed to get this Notice by electronic means, you still have the right to ask for a paper copy.

WHAT IS PROTECTED HEALTH INFORMATION

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

- **For treatment.** We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service. If you receive services through Telemedicine, we will also collect information as part of the services or information provided during the audio and/or video teleconference encounter itself, and, to the extent applicable, through other telephonic communications. We may also collect information from the electronic medical record system (if applicable) of your selected provider in order to facilitate the provision of services.
- **For payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **For health care operations.** We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Sharing your PHI with you.** We must give you access to your own PHI. We may use and disclose PHI to contact you about appointment reminders, treatment alternatives, health-related benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. The calls may be about treatment options or other health-related benefits and services for you. If you do not want to be contacted by phone, just let the caller know and we will add you to our Do Not Call list. We will then no longer call or text you. However, if you initiate communications using e-mail, we will assume (unless you have explicitly stated otherwise) that e-mail communications are acceptable to you. Communications via email over the internet are not secure. Although it is unlikely, there is a possibility information included in an email can be intercepted and read by other parties besides the person to whom it is addressed. You understand you must take reasonable steps to protect the unauthorized use of electronic communications by others, and the medical clinic is not responsible for breaches of confidentiality caused by you or an independent third party.
- **Sharing your PHI with others.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Other Reasons we may use or share your information:** We are allowed, and in some cases required, to share your information in other ways—usually for the good of the public health and research. We can share your information for these specific purposes:
 - Reporting public health risks and to prevent disease

- Helping with product recalls
- Reporting adverse reactions to medicines
- Reporting suspected abuse, neglect or domestic violence
- Doing health research
- As required by law, if it requires disclosing your PHI to respond to a subpoena, discovery request or other legal process or as otherwise required to do so by international, federal, state, or local law.
- To avert a serious threat to health or safety
- Responding to organ and tissue donation groups for research and as necessary to facilitate organ or tissue donation and transplantation.
- Addressing workers' compensation, law enforcement and other government requests.
- To respond to data breach notification requirements and provide notices as required by law.
- To respond to a coroner, medical examiners, or funeral director so that they may carry out their duties.
- As needed to our Business Associates, who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
- Disclosure to accreditation organizations for quality purposes. Any accreditation organizations would be considered a Business Associate and would enter into an agreement with us to maintain confidentiality and protect the privacy of your PHI. To respond to a disaster relief organization inquiry that seeks your PHI to coordinate your care or notify family or friends of your location or condition in a disaster.

USES AND DISCLOSURES OF PHI THAT REQUIRE YOUR AUTHORIZATION

The following uses and disclosures of your PHI will be made only with your written authorization:

- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.
- Use and disclose genetic information of you or your dependents for underwriting purposes.

For certain kinds of PHI, federal and state law may require enhanced privacy protection and we can only disclose such information with your written permission except when specifically permitted or required by law. This includes PHI that is:

- Maintained in psychotherapy notes and mental health notes.
- About alcohol and drug abuse prevention, treatment and referral.
- About HIV/AIDS testing, diagnosis or treatment.
- About venereal and/or communicable diseases(s).
- About genetic testing.

You may revoke your authorization at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your PHI

You have the following rights, subject to certain limitations, regarding your PHI:

- Inspect and obtain a copy of your PHI that is included in paper or electronic records we maintain. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.
- Request restrictions in how the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by law to agree to your request. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply. Further, we will honor your request, to the extent permitted by law, not to disclose information to us, an insurer or a third party about a medical visit, service or prescription for which you pay the full amount out of your pocket at the time of service.
- Request an accounting of disclosures we have made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.
- Request confidential communications whereby we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.
- Receive notice of a breach in the event of a breach of any of your PHI.
- Request an amendment of your PHI that you believe is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided below and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment and will inform you of the reason for the decision within 60 days.
- Request Help in your language, such as extra help to understand this in another language, call the Member Services number on your ID card TTY/TDD: 711. We also offer this notice in a different format for members with visual impairments. If you need a different format, please call Members Services number on your ID card.

If you have questions about your privacy rights, believe that we may have violated your privacy rights or disagree with a decision that we made

about your PHI, you may contact us at the following address or telephone number:

PRIVACY OFFICER

9250 Flagler Street

Suite 600

Miami, FL 33174

HSComplianceTeam@healthsun.com

You may also contact the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. Your complaint can be sent by email, fax, or mail to the Office of Civil Rights. U.S. Dept. of Health, OCR, 200 Independence Avenue SW, Washington, D.C., 20201. For more information, see their website at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

No action will be taken against you for filing a complaint.